

0146: EXPLORING THE EXPERIENCES OF SURGICAL PATIENTS ADMITTED WITH NON-TRAUMA GASTROINTESTINAL DISORDERS: A QUALITATIVE STUDY

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Aim: The RCEng recommends the use patient reported outcome data in surgical trials, although there are no validated questionnaires to measure these outcomes within emergency surgery. The aim of this study, therefore, was to explore the views of patients admitted with unplanned abdominal problems.

Methods: Semi-structured interviews were conducted with a purposive sample of patients admitted to SAU at 2 acute hospitals in the South West of England. Interviews explored patients' experiences regarding their illness, treatment and recovery. Analysis was an on-going iterative process, occurring concurrently alongside data collection.

Results: Fourteen semi-structured patient interviews were carried out (10 females, median age 51.5, range 27–77) covering the spectrum of non-trauma emergency surgery presentations. Six patients were treated conservatively, while 8 patients underwent either endoscopy or surgery. All patients reported abdominal pain as the primary reason for seeking medical attention. Immobilisation was the main consequence of pain regardless of age. Treatment related complications were more common in patients who underwent surgery, and were associated with a prolonged period of immobility during recovery.

Conclusion: Patients admitted with unplanned abdominal problems report a similar collection of experiences. Future work should focus on the development of a core outcome set for this patient population.

0160: WHO DOES IT BETTER? COMPARISON OF TRAUMA CARE AND PELVIC BINDER USE AT TWO HOSPITALS IN WALES

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Aim: To compare the standard of care of the Severely Injured Patient (SIP) between a DGH and a teaching hospital.

Methods: All trauma calls for a one-year period were reviewed retrospectively. Attendance distribution, proportion of trauma calls undergoing CT, time to CT, and initial management of suspected pelvic injuries were reviewed. Our standards were Royal College of Radiologists' guidelines, and the 2007 NCEPOD report.

Results: We reviewed 270 trauma patients in total (190 at the teaching hospital, 80 at the DGH). Incidence of pelvic fractures was equal at both sites (10%). At the DGH, SIPs were more likely to have a CT scan, have a pelvic binder applied, and have this applied correctly. At the teaching hospital, time to CT was significantly faster ($p < 0.01$), and patients were more likely to have a binder on a fractured pelvis. Time to CT increased by 30% at both sites out of hours.

Conclusion: Both hospitals have room to improve care of SIPs. Delay to CT at the DGH is likely to be due to hospital layout, and increased time to CT out of hours due to decreased resources. Improvements are needed at both sites to decrease the delay to CT.

0182: THE EMERGENCY LAPAROTOMY; POST-OPERATIVE MORTALITY AND LENGTH OF STAY IN HOSPITAL

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Aim: A contemporary study in England showed a 30 day mortality rate of 15.6% for patients undergoing emergency laparotomies. We aim to assess the mortality and length of stay following emergency laparotomies.

Methods: Electronic and paper based theatre logbooks were searched to identify all consecutive patients undergoing emergency laparotomies over a 6 month period. Patients' online electronic clinical records were also reviewed and demographics, diagnosis, procedure and outcome documented.

Results: 70 patients (male: 32, female: 38) were included in the study. Median (SD) age was 61 (19) years (range 21–92 years). The most common reason for a laparotomy was for bowel obstruction which accounted for 15.7% of cases. Perforated diverticular disease accounted for 14.3% of cases,

while stabbings and blunt force trauma accounted for 4.3% of cases. Median length of stay in hospital was 17 (19) days (range 1–115), while the median time from laparotomy to discharge was 15 (17) days (range 1–109). 30 day mortality rate was 11%.

Conclusion: This study has demonstrated low post-operative mortality rates following emergency laparotomy at our institution. Although length of stay in hospital post-operatively was just over 2 weeks, there was a wide range (up to 109 days) which deserves further exploration.

0213: APPENDICECTOMY PRE AND POST INTRODUCTION OF A DEDICATED EMERGENCY SURGICAL UNIT

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Aim: The creation of Emergency Surgical Units (EmSU) throughout the world has changed how acute surgical admissions are managed. We looked at one of the most common acute surgical presentations, acute appendicitis, and the amalgamation of acute surgical admissions from 3 sites across Belfast into one unit.

Methods: Retrospectively examined patients undergoing emergency appendicectomy in the EmSU [June–November 2013] compared to one year previous [June–November 2012]. In 2012 3 sites accepted acute surgical admissions; in 2013 patients were referred to the EmSU. Data was obtained from discharge letters, theatre management systems, histopathology and radiology reports.

Results: Reduced length of stay, 78.5% discharged within 3 days compared to 65%. Significant reduction (9%) in procedures carried out "out of hours" (between 6pm and 8am). Increased use of Laparoscopic Appendicectomy (8%) and use CT for diagnosis (6%). Time from diagnosis to theatre remained unchanged, 88% of patients undergoing appendicectomy within 12–14 hours in both cohorts.

Conclusion: There was no significant reduction in time from diagnosis to theatre. However improvements were noted in length of stay, timing of operation, access to imaging and use of laparoscopic surgery. Our results are comparable to other studies which have demonstrated the benefit of these units.

0242: REVERSING ANTICOAGULATION IN HEAD INJURY: BETTER SOONER THAN LATER, BUT ARE WE COMPLIANT?

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Aim: Recent coroner's cases highlighted delays in anticoagulation reversal as a contributing factor to adverse outcome in patients on warfarin admitted with head injury. Retrospective audit was carried out to identify such cases and clarify concerns. Following same, Trust issued guidance that such patients should undergo immediate reversal of anticoagulation using Prothrombin Complex Concentrate, and that reversal should not be postponed until an INR and/or CT scan had been obtained.

Methods: Retrospective audit completed identifying patients admitted with head injury from January 2013–January 2014 and charts retrieved for those on warfarin. Subsequent prospective audit then undertaken from February 2014–August 2014 to evaluate adherence to Trust guidance.

Results: Retrospective audit included 58 patients, of which 7 were on warfarin. Three underwent reversal of anticoagulation following INR and CT results with delays of an average of 5hrs (2.5–9), and 4 had their warfarin held. Prospective audit identified 49 patients of which 4 were on warfarin and none underwent reversal of anticoagulation.

Conclusion: Despite clear identification of high-risk group of patients, medical staff did not adhere to Trust guidance on anticoagulation reversal. It would seem prudent that staff be further educated to improve awareness and subsequent audit be undertaken.

0277: UNDERSTANDING AND APPLICATION OF THE GLASGOW COMA SCALE AMONGST HEALTH CARE PROFESSIONALS CARING FOR PATIENTS WITH TRAUMATIC HEAD INJURY

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